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STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15) **RECEIVED**

APR 24 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobby	ist(s) <u>MARK A. LA</u> M	BERT,	CARLETON	SIMPSON
II. Name of lobby	ist's partnership, firm or corpora	ition, if any:		
UNITIL	COPORATION Name of partnership, firm or corporation	on)		
6 L185	CTY LANE WEST A (Street) (Tow	HAMPTON	NH	03842
Business Address:	(Street) (Tow		(State)	(Zip Code)
(603) <u>379-3</u>	848 ()		e-mail Simps	ONC QUNITIL. COM ERT QUNITIL. COM
(Telephon	e)	(Fax)	LAMBE	RT @ UNITIL. COM
	t covers: (Choose one – file separ e transactions which are not attr			may file a separate report for
	transactions occurring in the month	s prior to the repor	ting date relative to	the following client:
UNITIL ((Full Name of Client as it appears	aba Valla ist Da	lateral and Francis	
<u>OR</u>	(Full Name of Client as it appears	s on the Lobbyist Re	gistration Form)	
	ransactions by the lobbyist (including articular client.	ng the lobbyist's fa	mily), or the lobby	ing firm listed below which are
IV. Date of Repor	t April 25, 2018 💢		July 25, 2018 🗍	
•	ectivity from date of registration to 3/3.		from 4/1/18 to 6/30/	718
	October 31, 2018 activity from 7/1/18 to 9/30/18		January 30, 2019 [Ty from 10/1/18 to 12/	
If this box is checked Concord, NH 0330	een no fees received and no re ed, complete just this form and subs ll. tional reports are attached:			
	ceived fees or made expenditures, y	ou must file Adde	ndum A- Fees and	Expenses
•	id an honorarium or reimbursed exp			
	m, or your family has made politic	al contributions, yo	ou must file Adden	dum C- Political Contributions
I have read RSA 1: and complete to the	Affirmation by Lobbyist 5, RSA 15-B, RSA 14-C and RSA of the best of my knowledge and belief.	D -		
(Signature of lobb MACK LAMI (Print Name of lob	BERT Carlet	on B. Siu	4-20-18 19 Son 4	Date) /2Y2018

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) MARK A. LAUBERT, CARLET	ON SIMPSON
II. Name of lobbyist's partnership, firm or corporation, if any:	
(Name of partnership, firm or corporation)	
(Name of partnership, firm or corporation)	
III. Name of Client UNITIC CORPORATION	Date <u>4-20-18</u>
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$
c) Total of all fees received to date (Add lines a and b)	c)\$ 9,000
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm. aggregate total of all expenses paid expenses; (b) the aggregate total of all le: meals purchased during a business st than \$10 that is given to the person of with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ <u>12,480</u> b) \$
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period	d) S 12,480
(Add lines a, b and c)	
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$O
f) Total of all expenses year to date	f) \$ 12,480
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	
W. M. L. B. B. L. B. B. L. B. B. L. B.	11. 2
(Signature of lobbyist)	4-20-18 (Date) ~ 4/20/2018
Congression of the Congression of the R	4/0.1.18
MARK LAMBERT Carles D. Simso	~ 7/W/1018
(Print Name of lobbyist)	

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

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III. Name of Client	TIC BRSUATION partnership, firm or corporation) VITIC BRP		Date <u>4-20-11</u>
	s ibution that is reportable ying firm, indicate the fo		oter 664 paid on behalf o
Full name of candidate:	WATTERS (Last Name)	DA(), D (First Name)	(Middle Name/Initial
Amount of contribution S	/po	Office Candidate	is Seeking STATE SE
actual cost of the in-kind center an estimated value a	-kind contribution, provide contribution on the line abound the word "estimate."	a description of the goo ve for amount of contrib	ds or services provided, an ution. If the actual cost is
actual cost of the in-kind of enter an estimated value a	contribution on the line abo nd the word "estimate."	ve for amount of contrib	ution. If the actual cost is
actual cost of the in-kind of	contribution on the line about the word "estimate." Felles (Last Name)	David (First Name)	ds or services provided, an ution. If the actual cost is (Middle Name/Initial as Seeking State Seeking Seeking State Seeking Se
actual cost of the in-kind of enter an estimated value a Full name of candidate: Amount of contribution \$ If the contribution is an in	Felles (Last Name) kind contribution, provide contribution on the line abo	David (First Name) Office Candidate is a description of the good	(Middle Name/Initial s Seeking State Seds or services provided, and

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."
(If more than three contributions were made, report additional contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
May Partiet Coulete Bonin 4-20-18
Mark Lanber Carleton B. Simson 4/w/2018
(Print Name of lobbyist)

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

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NEW HAMPSHIRE DEPARTMENT OF STATE

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for: Name of Lobbying partnership, firm, or corporation: UNITIC GRADATION Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Date of Report (check one): April 25, 2018 July 25, 2018 □ October 31. 2018 January 30, 2019 □ I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted): Addendum A(s). Addendum B(s). Addendum C(s). I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.